

APPLICATION COVER SHEET

Applicant Information:

(Library Name)

(Library Director)

(Phone Number)

(Name of Individual who prepared application, if different)

(Mailing Address of Library)

(Post Office Box Number)

(City)

(State)

(Zip)

(Tax ID #)

(Email Address)

Please check the following grant request categories for which you are applying. You may request grant funds in multiple categories

Category 1	<input type="checkbox"/>	Assistance in writing a three year technology plan
	\$	Amount Requested
Category 2	<input type="checkbox"/>	Assistance in writing a financial plan to support public access computing
	<input type="checkbox"/>	Assistance in planning, designing and implementing a network
	\$	Amount Requested
Category 3	<input type="checkbox"/>	Contract with a vendor for on-call technical support
	<input type="checkbox"/>	Contract with a vendor for assistance in implementing your technology plan
	\$	Amount Requested
Category 4	<input type="checkbox"/>	Technical support for configuring patron authentication for libraries to provide the technology necessary for the Overdrive Audiobook Program.
	\$600	Amount Requested

TOTAL GRANT AMOUNT REQUESTED: \$ _____ **Grant Maximum \$1000**

GRANT ABSTRACT (100 words or less)

(Library Director's Signature)

(Date)

(Preparer's Signature, if different)

(Date)